

CLAIMS ONLY

Application Number

101602426

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | * | | * | | * | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
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| 14 | | | | | | | 64 | | | | | | |
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| 17 | | | | | | | 67 | | | | | | |
| 18 | | | | | | | 68 | | | | | | |
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| 33 | | | | | | | 83 | | | | | | |
| 34 | | | | | | | 84 | | | | | | |
| 35 | | | | | | | 85 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
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| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
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| 42 | | | | | | | 92 | | | | | | |
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| 46 | | | | | | | 96 | | | | | | |
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| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| Total Indep | 3 | | | | | | Total Indep | | | | | | |
| Total Depend | 19 | | | | | | Total Depend | | | | | | |
| Total Claims | 22 | | | | | | Total Claims | | | | | | |